

COVID-19

CORONAVIRUS DISEASE

VISION: To improve the health of all Texans.

MISSION: TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.



Physicians Caring for Texans

COVID-19: Practice Viability

Frequently Asked Questions (FAQs)

TMA COVID-19 Task Force

MARCH 24, 2020

Q. Should I secure a loan?

A. This is a discussion to have with a business banker following a discussion with your certified public accountant (CPA). Ask your CPA to review the practice's current financial health and provide a comparison with historical data (month-to-month and year-to-year). With this information, your CPA will be able to identify any trends or fluctuations in cash flow, project the practice's future financial status, and determine the need to secure a loan.

Should there be an identified need, your banker will advise you on available options such as lines of credit, bridge loans, U.S. Small Business Administration (SBA) loans, and [disaster loan assistance](#). SBA has designated COVID-19 as a qualifying event for the provision of [economic injury disaster loans](#) (EIDL) for businesses in affected communities; Texas recently qualified for this declaration. Small businesses suffering substantial economic injury due to COVID-19 may be eligible to receive EIDL funds.

Regardless of the funding source, be vigilant in asking questions about down payment requirements, interest rates, prepayment penalties, term limits, processing time, application and closing fees, and any personal guarantee requirements. Visit the SBA [Loan Resource Center](#) for many helpful resources with information being updated regularly.

Q. What is a business line of credit?

A. A line of credit is a credit extended by a bank (or other financial institution) that a borrower may draw on during a time of need. Draws are at the discretion of the borrower, and interest is paid only on the amounts withdrawn. Contact your bank for additional information on the types and terms of lines of credit that may be available for your practice.

Q. As patients cancel office appointments and nonemergent procedures, what can we do to bridge gaps in cash flow in the interim?

A. Anticipate and budget for additional costs like overtime pay, temporary staffing, and increased supply inventory. Evaluate the practice's fixed and variable expenses. Discontinue or reduce nonessential

services, and ask vendors for payment extensions to try to be as liquid as possible. Pause or decrease auto-shipments of high-dollar supplies, like vaccines. Investigate new revenue opportunities such as billing for telemedicine, e-visits, and telephone encounters. Also, review insurance policies for any business interruption protection that may be available.

Q: How can we utilize telemedicine?

- A.** The same standards of care and for medical record documentation apply regardless of how a patient is seen – telemedicine or in-person visit. Fortunately, the practice does not need to purchase a specific telemedicine platform. The Centers for Medicare & Medicaid Services (CMS) recently released a [fact sheet](#) allowing physicians to use nonpublic-facing applications (e.g., FaceTime and Skype) that previously were not allowed. Generally, there is a variety of options including evaluation and management codes.

The Texas Medical Board (TMB) has released [detailed FAQs](#) regarding telemedicine during Texas' disaster declaration for COVID-19.

Q: What billing codes and modifiers should we use to report telemedicine encounters?

- A.** Always refer to the payer websites and policies for billing, coding, and place of service guidance as the allowed code sets and required modifiers vary from payer to payer. Refer to TMA's [Telemedicine Quick Reference Chart for Payers](#) for information on some of the top payers in Texas.

Q. What do we do if a physician or midlevel practitioner becomes ill?

- A.** Locum tenens placement agencies can fill your practice's need for a temporary physician or nonphysician practitioner (NPP) with very short notice. These agencies have access to a pool of physicians/NPPs of various specialties who can assist anywhere in the state for varying lengths of time. The physicians/NPPs are credentialed and have medical liability coverage through the agency. Rates typically range from \$100 to \$200 per hour. CMS recently released a temporary [1135 CMS waiver](#) of the requirement that out-of-state providers be licensed in the state where they are providing services. TMB also has issued [COVID-19 disaster licensing](#) guidance to allowing out-of-state physicians to obtain a limited emergency license or hospital-to-hospital credentialing. In addition, retired physicians in Texas with licenses on retired status for less than two years can receive [emergency processing](#) of applications to return to active licensure during COVID-19. Other options include modifying office hours to cover physician/NPP or staff absences or arranging with larger groups/health systems to help cover staffing within practices. (Many small practices may already have arrangements with other groups for call coverage; thus this may be an extension of that agreement). The goal is to plan and have these conversations and agreements now prior to becoming ill.

Q: How do we handle staff illness and absences?

- A.** Advise staff ill with fever or respiratory symptoms to stay home. When appropriate, allow staff to telecommute and remotely perform tasks such as appointment scheduling, refill requests, and billing. Cross train all staff members in essential tasks to ensure continuity of operations. Establish a relationship with a temporary staffing agency to help fill unexpected absences. Refer to TMA's [Practice Management Considerations](#) for more information regarding operational issues.

As more health care workers become infected, healthy staff need to feel supported. Recognizing burnout and secondary trauma early on will help ease the stress on your staff. Keep communication lines open, and practice empathy and flexibility during the crisis. Share the Substance Abuse and Mental Health Services Administration Disaster Distress Hotline's contact information with your staff members: (800) 985-5990 or text TalkWithUS to 66746.

Q. What are the new paid sick leave provisions?

- A.** The president recently signed legislation (effective April 2) to assist Americans suffering from the economic fallout of COVID-19 through Dec. 31. What does this mean for you?
- Full-time employees working for a business with fewer than 500 employees are eligible for two weeks' (80 hours) of sick leave at their regular pay rate to quarantine or seek a COVID-19 diagnosis or preventive care.
 - Full-time employees are also eligible for two weeks' paid sick leave at no less than two-thirds their regular pay rate if caring for a family member with COVID-19, or to care for a child whose school or daycare has closed due to COVID-19 concerns.
 - Part-time employees are entitled to the number of hours normally worked in a two-week period.
 - The paid sick time must be granted in addition to any preexisting paid leave benefits. Employers may not alter their existing paid leave policy to avoid this provision, nor may they require employees to first exhaust other paid leave benefits.
 - The paid sick time must be made available for immediate use, regardless of the employee's length of employment.
 - Employers must post a notice of the paid sick time requirements. The secretary of labor will draft a model notice.

Businesses with fewer than 50 employees may contact the [Department of Labor](#) for more information and/or to apply for an exemption to the paid leave mandate if it is believed to jeopardize the viability of the business.